



SOUTHSIDE SCHOOLS

HOME OF THE SOUTHERNERS

TRACKS PROGRAM AGREEMENT

1. I have received a copy of the TRACKS handbook.
2. All application forms for my child including personal, emergency information and daily pick-up are complete, signed and on file.
3. There is a record of immunization on file for my child/children.
4. Any prescription medication to be given to my child must be in the original container with the child's name and must be authorized by a written-signed statement providing dosage and time to be given. Any medication administered will be kept on record and filed.
5. A signed statement from a doctor will be on file stating any food to which my child is allergic.
6. I understand that children are subject to be interviewed by Child Care Licensing DCFS Special Investigations and law enforcement for investigative purposes in the event of an abuse complaint and/or determining compliance with licensing requirements.
7. I understand that TRACKS occasionally takes pictures/videos of the children for educational purposes, workshops, or news releases and Facebook. I give my permission for my child's photo to be used in the manner.
8. I understand that I am responsible for all charges incurred through the TRACKS program and payment is due on Friday.
9. I have read the rules with my child/children and understand that they will be expected to follow them.
10. Bring a change of clothes for your child in case of an accident. These will be kept at TRACKS and will send home when used and you will need to replace them.

SUMMER ONLY

11. My child has permission to go on all TRACKS field trips.
12. TRACKS will be going to the Pool on Fridays. I give my child permission to go to the deep end of the pool. (Check one) YES _____ NO _____

Parent/Guardian Signature _____

Child's/Children's Name(s) _____

Date _____

Southside School District
70 Scott Drive
Batesville, AR 72501
870-251-4016